

STATE OF NORTH CAROLINA OFFICE OF STATE BUDGET AND MANAGEMENT

MICHAEL F. EASLEY GOVERNOR

CHARLES E. PERUSSE STATE BUDGET DIRECTOR

September 26, 2008

MEMORANDUM

TO:

Senator Marc Basnight, President Pro-Tempore of the Senate

Representative Joe Hackney, Speaker of the House of Representatives

FROM:

Charles Perusse Charles Perusse

SUBJECT: Consultation on Expenditure of Grant Awards

Pursuant to Section 6.9 of Session Law 2008-107 (House Bill 2436), the Office of State Budget and Management is to report to the Joint Legislative Commission on Governmental Operations prior to expending funds received from grant awards. Funding is anticipated to be received and expended for grants included in the attached Notifications of Application for Grant Funds/Awards.

If you have any questions or concerns, please contact me at 919-807-4700.

Thank you.

1 Department	Judicial Branch					
	ADMINISTRATIVE OFFICE OF T	IT COLIDATO				
	ADMINISTRATIVE OFFICE OF THE COOK IS	חה כססתוט				
	SONYA HARPER					
ç	919-835-3289					
	Sonya.L.Harper@nccourts.org	ora				
6 Funding Entity (grantor)		j				
7 CFDA number						
9 Grant application deadline (MM/DD/YY)	05/01/08					
	07/01/08					
11 End date of grant (MM/DD/YY)	06/30/09					
➣	Continuation/renewal					
13 Is this grant already in agency's continuation budget?	No					
14 Budget code the grant will be expended in (XXXXX)	22001					
15 Fund code (XXXX or NA)	2100					
S	No					
1/ If yes, what is the matching requirement?						
18 If yes, what is the source of state funds being used to match grant funds						
19 Is there a maintenance of effort (MOE) requirement?	No					
20 If yes, what is the MOE?						
21 Is an additional General Fund appropriation required to meet	No					
the state match requirement?						
22 Will any of these funds be passed through to local governments or non-state entities?	No					
23 If yes, identify affected entities by type						
24 Will additional state monies be required to continue the	Yes					
Þ						
25 If yes, is this a requirement of the grant?	No No					
9		For 2007-08	7-08			
		Complete either Authorized or Proposed	orized or Proposed →			
	SFY 2006-07	SFY 2007-08	SFY 2007-08	SFY 2008-09	SFY 2009-10	SFY 2010-11
	Actual	Authorized	Proposed	Proposed	Proposed	Proposed
27 If yes, give the number by type for each year. Permanent						
Time-Limited		\$0.00		\$3,000,00		
28 Amount of grants funds applied for in each year	\$0.00	\$0,00		\$6,000.00		
29 Amount of grants funds <u>awarded</u> in each year	Provide tangible incentives to participants in Wake County's Adult Drug Treatment Court program. Gift certificates, movie tickets, and event tickets will be given to those	ticipants in Wake County's	s Adult Drug Treatment Cou	t program. Gift certificates, n	ovie tickets, and event ticke	ets will be given t
	attendance as a result of increasing gas prices and bus fares.	ng gas prices and bus fare		asses will be given to some o		the disruption in
			38.	demonstrate progress and those who graduate from the program. Gas cards and bus passes will be given to some participants to help minimize the disruption in treatment attendance as a result of increasing gas prices and bus fares.	articipants to neip minimize o	the disruption in
31 Comments		-	35.	asses will be given to some p	articipants to neip minimize	the disrup

Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions.

No No No SFY 2008-09 SFY 20	For 2008-09 Complete either Authorized or Proposed FY 2008-09 SFY 2008-09 Authorized Proposed \$6,400.00 \$6,400.00 Safe NC program to expand maintain a web site.	No Ves SFY 2007-08 SFY 2007-08 SFY 2008-09 Actual Authorized Authorized Proposed General Authorized Proposed For 2008-09 SFY 2008-09 Actual Authorized Proposed For 2008-09 SFY 2008-09	imite	20 If yes, what is the MOE?
SFY 2009-10 SFY 2010-11 Proposed Proposed	uthorized or Proposed SFY 2008-09 Proposed Proposed \$5,400 \$6,400	Complete either A SFY 2008-09 Authorized Jor the BikeSafe NC program to	imite	If yes, what is the MOE? Is an additional General Fund appropriation required to the state match requirement? Will any of these funds be passed through to local governments or non-state entities? If yes, identify affected entities by type Will additional state monies be required to continue the program if grant expires or is reduced? Are new FTEs funded through the grant? Are new FTEs funded through the grant? Amount of grants funds applied for in each year Amount of grants funds applied for in each year Purpose of grant or amendment
SFY 2009-10 SFY 2010-11 Proposed Proposed	2008-09 uthorized or Proposed Whorized Proposed Proposed Proposed \$6,400	Complete either Av SFY 2008-09 Authorized	imite	If yes, what is the MOE? Is an additional General Fund appropriation required to the state match requirement? Will any of these funds be passed through to local gownents or non-state entities? Will additional state monies be required to continue the program if grant expires or is reduced? If yes, is this a requirement of the grant? Are new FTEs funded through the grant? Are new FTEs funded through the grant? Amount of grants funds applied for in each year. Amount of grants funds applied for in each year.
SFY 2009-10 Proposed	. 2008-09 wthorized or Proposed SFY 2008-09 Proposed \$6,400	Complete either A SFY 2008-09 Authorized	mited No No No	If yes, what is the MOE? Is an additional General Fund appropriation required to the state match requirement? Will any of these funds be passed through to local gownents or non-state entities? If yes, identify affected entities by type Will additional state monies be required to continue the program if grant expires or is reduced? If yes, is this a requirement of the grant? Are new FTEs funded through the grant? Are new FTEs funded through the grant? Amount of grants funds applied for in each year.
		Complete either Av SFY 2008-09 Authorized	inited No	If yes, what is the MOE? Is an additional General Fund appropriation required to the state match requirement? Will any of these funds be passed through to local gownents or non-state entities? If yes, identify affected entities by type Will additional state monies be required to continue the program if grant expires or is reduced? If yes, is this a requirement of the grant? Are new FTEs funded through the grant? Are new FTEs funded through the grant?
	1 6	Complete either ASFY 2008-09 Authorized	No So	If yes, what is the MOE?
	Φ	Complete either A	NO O O O	20 If yes, what is the MOE?
		Complete either A		20 If yes, what is the MOE?
				20 If yes, what is the MOE?
				20 If yes, what is the MOE?
				20 If yes, what is the MOE? 21 Is an additional General Fund appropriation required to meet the state match requirement? 22 Will any of these funds be passed through to local governments or non-state entities? 23 If yes, identify affected entities by type 24 Will additional state monies be required to continue the
				20 If yes, what is the MOE?
				20 If yes, what is the MOE?
				20 If yes, what is the MOE?
				20 If yes, what is the MOE?
				20 If yes, what is the MOE?
			No	19 Is there a maintenance of effort (MOE) requirement?
				18 If yes, what is the source of state funds being used to match grant funds.
				17 If yes, what is the matching requirement?
1			No	S
				14 Budget code the grant will be expended in (XXXXX)
			No	13 Is this grant already in agency's continuation budget?
			New	≥
			09/30/08	11 End date of grant (MM/DD/YY)
-			08/26/08	10 Start date of grant (MM/DD/YY)
			08/01/08	9 Grant application deadline (MM/DD/YY)
	Site	FY 2008 Supplemental Funding for BikeSafe NC Web Site	FY 2008 Supplemental	8 Grant title
		ety Program	Governor's Highway Safety Program	Funding Ent
		Ω	mlbrown@nchsp.or	5 E-mail
			919-662-4430	ç
		3	Corport Mark Brown	
			State Highway Patrol	2 Division (except in DHHS)
		ntrol and Public Safety	Department of Crime Control and Public Safety	1 Department

14 Budget code the grant will be expended in (XXXXX)..... _ 9 Grant application deadline (MM/DD/YY) 10 Start date of grant (MM/DD/YY) 28 Amount of grants funds <u>applied for</u> in each year 29 Amount of grants funds <u>awarded</u> in each year ... 23 21 Is an additional General Fund appropriation required to meet the state match requirement? 8 16 Is there a state matching requirement?17 If yes, what is the matching requirement 5 13 Is this grant already in agency's continuation budget? 12 Application type ... 30 Purpose of grant or amendment 27 25 26 24 Will additional state monies be required to continue the 22 Will any of these funds be passed through to local govern-19 20 31 Comments 8 Grant title 6 Funding Entity (grantor) 3 Contact person (name) 7 CFDA number.... Is there a maintenance of effort (MOE) requirement? Are new FTEs funded through the grant?.. program if grant expires or is reduced?. ments or non-state entities? ... If yes, is this a requirement of the grant? End date of grant (MM/DD/YY) E-mail If yes, identify affected entities by type ... If yes, what is the source of state funds being used If yes, what is the matching requirement? Fund code (XXXX or NA) Phone number ... If yes, what is the MOE? .. DHHS only, choose division from drop down list...... If yes, give the number by type for each year: Permanent OSEM to match grant funds. .. Notification of Application for Grant Funds/Awards, 2008-09 Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700. Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf Time-Limited S O o O kjernigan@ncdoj.gov
Governor's Crime Commission Special or Trust Fund 25% cash match or in-kind match 07/01/08 Victims of Violence LMS (910) 525-4151 ext 351 NC Justice Academy Department of Justice resulting in victims of violence 2465 Proper agency sign-offs have been obtained The difference between the amount applied for and awarded is the 25% matching of funds. This is the first year of a two year grant This project will provide web-based training to law enforcement officers in the areas of domestic violence, child abuse, human trafficking, elder abuse and other cases 2360C)6/30/09 07/01/08 kristi Jernigan SFY 2007-08 Actual \$0.00 \$0.00 SFY 2008-09 Authorized Complete either Authorized or Proposed \$59,271.00 \$79,028.00 For 2008-09 SFY 2008-09 Proposed SFY 2009-10 Proposed \$79,028.00 \$59,271.00 SFY 2010-11 Proposed SFY 2011-12 Proposed

Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions,

Notification of	Notification of Application for Grant Funds/Awards, 2008-09	or Grant Fund	ls/Awards, 20	08-09		
Office of state by	Office of State budget and wailagement, it to west Jones Steet, It aleight, NC 27603-6003, 919-607-4700 Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf	state_nc.us/files/pdf_files/gra	ants_instr.pdf			
1 Department	Department of Justice					
Q.						
Š	919-773-7811					
	nlowed mon					
6 Funding Entity (grantor)	GCC GCC					
7 CFDA number	Adam Walsh Act					
C CIGIR INV						
	09/01/08					
9 Grant application deadline (WW/DD/YY)	09/01/08					
Ç	08/31/08					
12 Application type	New					
13. Is this grant already in agency's continuation hudget?	No .					
14 Budget code the grant will be expended in (XXXXX).	23600					
15 Fund code (XXXX or NA)	2464					
S	Yes					
17 If yes, what is the matching requirement?	\$79,968.25					
18 If yes, what is the source of state funds being used	in Kind					
19 Is there a maintenance of effort (MOE) requirement?	No					
20 If yes, what is the MOE?						
21 Is an additional General Fund appropriation required to meet the state match requirement?	No					
O Will proof those finds be proceed through to lead accom-						
ments or non-state entities?	No					
23 If yes, identify affected entities by type						
<	No					
program if grant expires or is reduced?						
25 If yes, is this a requirement of the grant?						
≥	No		-			
		Complete either Authorized or Proposed	8-09 brized or Proposed			
	SFY 2007-08	SFY 2008-09	SFY 2008-09	SFY 2009-10	SFY 2010-11	SFY 2011-12
	Actual	Authorized	Proposed	Proposed	Proposed	Proposed
Time-Limited	ğ					
28 Amount of grants funds applied for in each year		\$319,873.01				en des entre en en en entre e
29 Amount of grants funds awarded in each year		\$319,873.01				
30 Purpose of grant or amendment	This grant will allow DOJ to implement required elements of the Adam Walsh Act for NC's Sex Offender Registry.	plement required elements of	the Adam Walsh Act for NC	's Sex Offender Registry.		
30 Purpose or grant or amendment	This grant will allow DOJ to Im	ретенна радинат	me Adam Walsh Act for No.	, s sex Offender Registry.		
31 Comments						
31 Comments						
					on a description and the state of the state	
Return completed form as email attachment and indicate in message that proper agency sign-ons have been obtained. Confact your Obtain budget analyst if you have questions.	per agency sign-ons have been	obtained. Contact your USB	w budget analyst if you have	questions.		

Notification of	Notification of Application for Grant Funds/Awards, 2008-09	or Grant Fund	ls/Awards, 20	08-09		
Office of State Br	Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700 Instructions at http://www.osbm.state.nc.us/files/ord files/orants instrict	state nc.us/files/pdf_files/gra	2 27603-8005, 919-807-4700 ants instribdf	9.		
1 Department	Department of Justice					
Division (excep	Justice Academy					
3 Contact person (name)	Jon Gregory					
	910-525-4151					
6 Funding Entity (grantor)	jwgregory@ncdoj.gov GCC					
8 Grant title	Hi-Tech Crime Training Program	am				
O Grant application deadline (MM/DD/VV)	07/01/08					
10 Start date of grant (MM/DD/YY)	07/01/08					
11 End date of grant (MM/DD/YY)	06/30/08					
12 Application type	New					
13 Is this grant already in agency's continuation budget?	No					
14 Budget code the grant will be expended in (XXXXX)	23600					
16 Is there a state matching requirement?	Yes					
17 If yes, what is the matching requirement?	75% totaling \$26,067.38					
18 If yes, what is the source of state funds being used	Special or Trust Fund					
to match grant funds.						
19 Is there a maintenance of effort (MOE) requirement? 20 If yes, what is the MOE?	No					
						÷.
21 Is an additional General Fund appropriation required to meet the state match requirement?	N _o					
22 Will any of these funds be passed through to local govern-	No					
ments or non-state entities?						
23 If yes, identify affected entities by type						
24 Will additional state monies be required to continue the program if grant expires or is reduced?	20					
25 If yes, is this a requirement of the grant?						
26 Are new FTEs funded through the grant?	No					
		Complete <u>either</u> Authorized or Proposed	8-09 orized or Proposed			
	SFY 2007-08	SFY 2008-09	9	SFY 2009-10	SFY 2010-11	SFY 2011-12
	Actual	Authorized	Proposed	Proposed	Proposed	Proposed
27 If yes, give the number by type for each year: Permanent						
78. Amount of grants funds annihild for in each year	ed	\$104,269.50		\$66,325.50		
29 Amount of grants funds awarded in each year		\$104,269.50				
30 Purpose of grant or amendment	This will provide NC Law Enforcement tools to combat new, technologically sophisticated crimes	cement tools to combat new,	technologically sophisticate	d crimes.		
31 Comments						
Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions	per agency sign-offs have been o	obtained. Contact your OSB	M budget analyst if you have	e questions.		

	Office of State Budget and Management, 116 West Jones Street, Raleign, NC 27603-8005, 919-807-4700.	est Jones Street, Kaleign, IN	C 2/603-8005, 939-80/-4/0	Ç.		
The same about the same	Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf	state.nc.us/files/pdf_files/gr	ants_instr.pdf			
1 Department	Criminal Justice Standards Division	ision				
ဂ္ဂ	Wayne Woodard, Director					
4 Phone number	919-716-6470					
6 Funding Entity (grantor)	NC Governor's Crime Commission	sion				
7 CFDA number						
8 Grant title	Law Enforcement Job Task Analysis & BLET Exam Revision	Analysis & BLET Exam Rev	ision			
9 Grant application deadline (MM/DD/YY)						
Š	07/01/08					
11 End date of grant (MM/DD/YY)	06/30/09					
12 Application type	Continuation/renewal					
13 is this grant already in agency's continuation budget?	73600					
15 Fund code (XXXX or NA)	2467					
S	Yes					
17 If yes, what is the matching requirement?	\$12,782.46					
18 If yes, what is the source of state funds being used	Special or Trust Fund					
to match grant funds.						
S	No					
20 II yes, what is the MOE?	,					
21 Is an additional General Fund appropriation required to meet	N _o					
the state match requirement ()						
22 Will any of these funds be passed through to local governments or non-state entities?	0					
23 If yes, identify affected entities by type						
24 Will additional state monies be required to continue the program if grant expires or is reduced?	N ₀					
25 If yes, is this a requirement of the grant?						
\triangleright	No					
		For 2008-09 Complete either Authorized or Proposed	08-09 or Proposed			
	SFY 2007-08	SFY 2008-09	SFY 2008-09	SFY 2009-10	SFY 2010-11	SFY 2011-12
	Votical	Antilotized	rioposed	1 oposed	Toposed	- I obosed
27 If yes, give the number by type for each year. Permanent						
Ime-Limited 28 Amount of grants funds applied for in each year	\$38,347.37					
29 Amount of grants funds awarded in each year	\$38,347.37					
30 Purpose of grant or amendment	This project will involve a statewide survey of local law enforcement officers and deputy sheriffs to identify essential tasks necessary for competent job performance of entry-level LEOs. The list of tasks will be used to revise the Basic Law Enforcement Training (BLET) curriculum and a new BLET exam will be validated.	wide survey of local law enfi ill be used to revise the Basi	orcement officers and deputy c Law Enforcement Training	sheriffs to identify essential (BLET) curriculum and a nev	tasks necessary for competer BLET exam will be validated	nt job performance of entry-
31 Comments						

Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions

	Instructions at http://www.osbn	Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf	Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instructions_at_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentions_state_attentio	5		
1 Department	Department of Justice					
DHHS only, choose division from drop down list	Constant					
3 Contact person (name)	David Kirkman					
4 Phone number	dkirkman@ncdoi.gov					
6 Funding Entity (grantor)	GCC					
7 CFDA number						
8 Grant title	NC Telemarketing Fraud					
9 Grant application deadline (MM/DD/YY)	07/01/08					
Ś	07/01/08					
11 End date of grant (MM/DD/YY)	06/30/08					
2 Application type	New					
14 Budget code the grant will be expended in (XXXXX)	23600					
5 Fund code (XXXX or NA)	2469					
16 is there a state matching requirement? 17 If yes, what is the matching requirement?	Yes 20% totaling \$30,589.49					
18 If yes, what is the source of state funds being used to match grant funds	Special or Trust Fund		,			
19 Is there a maintenance of effort (MOE) requirement?	No					
1 Is an additional General Fund appropriation required to meet the state match requirement?	No					
22 Will any of these funds be passed through to local govern-	No					
23 If yes, identify affected entities by type						
24 Will additional state monies be required to continue the	Yes					
program if grant expires or is reduced?	No					
\triangleright	No					
		For 2008-09 Complete either Authorized or Proposed	-09			
	SFY 2007-08	SFY 2008-09	SFY 2008-09	SFY 2009-10	SFY 2010-11	SFY 2011-12
	Actual	Authorized	Proposed	Proposed	Proposed	Proposed
27 If yes, give the number by type for each year: Permanent Time-1 in	ited					
Inne-Limited	wed	\$122.357.95		\$122 357 49		
20 Amount of grants funds applied for in each year 29 Amount of grants funds awarded in each year		\$122,357.95		\$122,337.49		
30 Purpose of grant or amendment	This grant will provide service:	This grant will provide services to victims of telemarketing fraud. It will investigate, support, and intervene in vulnerable populations.	ud. It will investigate, supp	ort, and intervene in vulnerab	e populations.	
31 Comments						

Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions.

d funding d on physical spread	eet eet	19 Is there a maintenance of effort (MOE) requirement?
SFY 2008-09 SFY 2009-10 Proposed	eet	A PK MK S
SFY 2008-09 SFY 2009-10 Proposed Proposed	e <u>e</u>	19 Is there a maintenance of effort (MOE) re 20 If yes, what is the MOE?
SFY 2008-09 SFY 2009-10	- eet	19 Is there a maintenance of effort (MOE) requirement?
d on physical	- eet	19 Is there a maintenance of effort (MOE) re 20 If yes, what is the MOE?
d funding d on physical	e e	19 Is there a maintenance of effort (MOE) re 20 If yes, what is the MOE?
d inding	e e	19 Is there a maintenance of effort (MOE) re 20 If yes, what is the MOE?
d funding d on physical	ee	19 Is there a maintenance of effort (MOE) rd 20 If yes, what is the MOE?
d funding d on physical	- ee	Is the If y If y Will a ments
d funding d on physical	eet	19 Is there a maintenance of effort (MOE) rd 20 If yes, what is the MOE?
d funding	eet	19 Is there a maintenance of effort (MOE) rd 20 If yes, what is the MOE?
d funding d on physical	<u>ee</u>	19 Is there a maintenance of effort (MOE) requirement? 19 If yes, what is the MOE?
d funding d on physical		is the
d funding		Is the
d funding	•	19 Is there a maintenance of effort (MOE) re
d funding d on physical		•
d funding		18 If yes, what is the source of state funds being used to match grant funds.
d funding d on physical		
		17 If yes, what is the matching requirement?
		S
	1551	15 Fund code (XXXX or NA)
	ed in (XXXXXX) 14430	14 Budget code the grant will be expended in (XXXXX)
		13 Is this grant already in agency's continuation budget?
	New	≥
		11 End date of grant (MM/DD/YY)
	05/17/08	9 Grant application deadline (MM/DD/YY)
	Nutrition, Physical Activity and Obesity Program	
		7 CFDA number
		6 Funding Entity (grantor)
		Phone number
	Cathy Thomas Branch Head	
		2 Division (except in DHHS)
	Department of Health and Human Services	

return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions. NC DHHS Required Signatures Ignatures at Division/Office level: Date of Signature:	3 - Confinents	Section. This increased the award amount to \$1,060,325; no match is required budgeted with the grant in 1551-540A-JU and manged through that cost center.	hatch is required for the \$75,000. The \$75,000 that cost center.	Section. This increased the award amount to \$1,060,325; no match is required for the \$75,000. The \$75,000 for Integration is not related to the Obesity grant; however, it has to be budgeted with the grant in 1551-540A-JU and manged through that cost center.
NC DHHS Required Signatures ordinator: Officer:	eturn completed form as email attachment and indicate	e in message that proper agency sign-offs have been obtained. Contact your OSBM budge	et analyst if you have questions.	
res at Division/Office level: ordinator:		NC DHHS Required Signatures		
wiget Officer:	ignatures at Division/Office level:			Date of Signature:
irector:				
udget Officer:	San Coolemano.			
udget Officer:				
Sirector:	judget Officer:		An annual constraint of the first on the city of the c	
birector:				
NIFECTOR:				
	SI GCCI.	umani kanamani kanamani migani magani ini dimangan malamani mani mani manaman manaman mani mani		The second secon

Notification of Application for Grant Funds/Awards, 2007-08 Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700. Instructions at http://www.osbm.state.nc.us/files/forms/grants_instr.pdf Department of Health and Human Services

21 Is an additional General Fund appropriation required to meet the state match requirement?	18 If yes, what is the source of state funds being used to match grant funds	9 Grant application deadline (MM/DD/YY)	7 CFDA number	2 Division (except in DHHS)
Yes Iocal govt No	In Kind	06/24/08 09/30/08 09/30/09 New No No Ves Year 1 - 25% of funding that is not given in grants to local health departments, increasing incrementally by 5% each year to 45% in Year 5.	93.283 Building a Healthy Nation - Strategic Alliance for Health	Division of Public Health Sharon Nelson 707-5220 Sharon.Boss.Nelson@ncmail.net Centers for Disease Control and Prevention (CDC)

Director:	Budget Officer:	Grant Coordinator:	Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions. **NC DHHS Required Signatures** **Signatures** at Division/Office level:**	31 Companie	29 Amount of grants funds <u>awarded</u> in each year	28 Amount of grants funds applied for in each year	Time-Limited	27 If you give the primeter by type for each year. Democrat	
			agency sign-offs have been obtained. Contact your OSBM b	disease, diabetes, and obesity.	To promote policy, organizations			Actual	SFY 2006-07
			ned. Contact your OSBM budget red Signatures		al, systems and environmental co			Authorized	For 2007-08 For 2007-08 For 2007-08 For 2007-08 For 2007-08 For 2007-08
			analyst if you have question		ommunity change in physica			Proposed	-08 rized or Proposed ◆ SFY 2007-08
			5		To promote policy, organizational, systems and environmental community change in physical activity and nutrition in order to reduce complications from and incidence of cardiovascular	\$270,000.00	2.000	Proposed	SFY 2008-09
Vacanti de Andrea de Andre			Date of Signature:		educe complications from and in	\$765,000.00		Proposed	SFY 2009-10
					cidence of cardiovascular	\$900,000.00		Proposed	SFY 2010-11

Notification Office of Sta	te Budget and Management, 116	West Jones Street, Raleigh, I	ds/Awards, 2007	7-08		
Office of Siz	Instructions at http://www.o	sbm.state.nc.us/files/forms/gr	ants_instr.pdf			
1 Department	Department of Health and Huma	in Services				
2 Division (except in DHHS)						
DHHS only, choose division from drop down list	Division of Public Health					
3 Contact person (name)	John M. Peebles					
4 Phone number	919.715.6737					
5 E-mail	john.peebles@ncmail.net					
6 Funding Entity (grantor)	CDC					
3						
7 CFDA number	93.94					
8 Grant title	Adult Viral Hepatitis Prevention	on Coordinator				
U						
	08/31/07					
9 Grant application deadline (MM/DD/YY)	11/01/07					
10 Start date of grant (MM/DD/YY)						
11 End date of grant (MM/DD/YY)	10/31/08					
12 Application type	New					
13 Is this grant already in agency's continuation budget?	No					
14 Budget code the grant will be expended in (XXXXX)	14430					
15 Fund code (XXXX or NA)	1461					
16 is there a state matching requirement?	No					
17 If yes, what is the matching requirement?						
18 If yes, what is the source of state funds being used			1			
to match grant funds.	ļ					
19 Is there a maintenance of effort (MOE) requirement?	No					
20. If yes, what is the MOE?						
21 Is an additional General Fund appropriation required to meet						
the state match requirement?						
	No					
22 Will any of these funds be passed through to local govern- ments or non-state entities?			ľ			
 In the first of the contract of t						
23 If yes, identify affected entities by type	<u></u>					
24 Will additional state monies be required to continue the	Yes					
program if grant expires or is reduced?	No					
25 If yes, is this a requirement of the grant?						
26 Are new FTEs funded through the grant?	No		007-08			
		Complete either Au	thorized or Proposed			
	000000000000000000000000000000000000000	SFY 2007-08	SFY 2007-08	SFY 2008-09	SFY 2009-10	SFY 2010-11
	SFY 2006-07				Proposed	Proposed
	Actual	Authorized	Proposed	Proposed	Proposed	Tioposed
27 If yes, give the number by type for each year. Permanent						
Time-Limited						
28 Amount of grants funds applied for in each year			\$99,743.00	\$49,871.00		
29 Amount of grants funds awarded in each year			\$70,667.00	\$35,334.00		
	This grant funds the Viral Hep C	Coordinator for the State, which	h was previously funded by the Ep	idemiology and Lab Capacity for	Infectious Disease Grant. T	his is not a new position but only
30 Purpose of grant or amendment	a new funding source to an exis	ting FTE.	,	3.		
'	_					
31 Comments						
Return completed form as email attachment and indicate in message that proper	agency sign-offs have been obtain	ned, Contact your OSBM bud	get analyst if you have questions.			
Intellity completed form as email attachment and majoris in measures in the	-3,3					
	NC DHHS Requir	od Signatures				
	NC DITIS Requir	eu Signatures			Date of Signature:	
Signatures at Division/Office level:					Date of Digitature.	
The second of th						
Grant Coordinator:						
				*		
Budget Officer:						
Director:						

	\$83,333.00	\$416,667.00				20 Amount of grants funds applied for each year
	\$83,333.00	\$416,667.00			4	Time-Limited
						If yes, give the number by type for each year: Permanent
Proposed	Proposed	Proposed	Proposed	Authorized	Actual	
SEY 2010-11	SEV 2009-10	SEV 2008-09	orized or Proposed ▼	15	017 2000 07	
			77.08	Eor 2007 08	No	Are new FTEs funded through the grant?
						25 If yes, is this a requirement of the grant?
					Z _O	24 Will additional state monies be required to continue the program if grant expires or is reduced?
				ofit AND other state agency	local govt AND private non-profit AND other state agency	If yes, identify affected entities by type
					Yes	Will any of these funds be passed through to local governments or non-state entities?
					No	21 Is an additional General Fund appropriation required to meet the state match requirement?
						If yes, what is the MOE?
					No	Is there a maintenance of effort (MOE) requirement?
					-	If yes, what is the source of state funds being used
					Z	Is there a state matching requirement?
					XXXX	Fund code (XXXX or NA)
					14430	Budget code the grant will be expended in (XXXXX)
					No	13. Is this grant already in agency's continuation budget?
					New New	
					09/01/08	Start date of grant (MM/DD/YY)
					06/30/08	Grant application deadline (MM/DD/YY)
			-		Revised	
			NGA	Parents Initiative	93.11 First Time Motherhood-New Parents Initiative	CFDA numberGrant title
				erinatal Services	Division of Healthy Start and Perinatal Services	
			rnal and Child Health Bureau-	US DHHS-Health Resources and Services Administration-Maternal and Child Health Bureau	US DHHS-Health Resources a	E-mail E-mail E-mail
					919-707-5708	Phone number
					Alvina Long Valentin	Contact person (name)
					Division of Public Health	DHHS only, choose division from drop down list
				all selvices	Department of Health and Human Services	Department

Notification of Application for Grant Funds/Awards, 2007-08 Office of State Budget and Management. 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700. Instructions at http://www.osbm.state.nc.us/files/forms/grants_instr.pdf Department of Health and Human Services

1 Department	Department of Health and Human Services
2 Division (except in DHHS)	
	Division of Public Health
3 Contact person (name)	Sally Herndon Malek
	919-707-5401
	sally.malek@ncmail.net
핕	North Carolina State Health Plan
7 CFDA number	
8 Grant title	Tobacco Cessation for State Health Plan Members
9 Grant application deadline (MM/DD/YY)	06/05/08
10 Start date of grant (MM/DD/YY)	07/01/08
11 End date of grant (MM/DD/YY)	06/30/09
\triangleright	New
13 Is this grant already in agency's continuation budget?	No
14 Budget code the grant will be expended in (XXXXX)	14430
15 Fund code (XXXX or NA)	1551
16 Is there a state matching requirement?	No
17 If yes, what is the matching requirement?	
18 If yes, what is the source of state funds being used to match grant funds	
19 Is there a maintenance of effort (MOE) requirement?	No
20 If yes, what is the MOE?	
21 Is an additional General Fund appropriation required to meet the state match requirement?	No
22 Will any of these funds be passed through to local governments or non-state entities?	No
23 If yes, identify affected entities by type	
24 Will additional state monies be required to continue the program if grant expires or is reduced?	No
25 If yes, is this a requirement of the grant?	
26 Are new FTEs funded through the grant?	Yes

			▼ Complete <u>either</u> Authorized or Proposed	7-08 brized or Proposed ▼			
		SFY 2006-07	SFY 2007-08	SFY 2007-08	SFY 2008-09	SFY 2009-10	SFY 2010-11
		Actual	Authorized	Proposed	Proposed	Proposed	Proposed
27 If yes, give the number by type for each year: Permanent	ermanent						
	Time-Limited				0.500		
28 Amount of grants funds applied for in each year					\$105,903.00		
29 Amount of grants funds awarded in each year		-					
30 Purpose of grant or amendment		The grant purpose is to develop tools and resources to increase tobacco cessation amoung State Health Plan Members	tools and resources to increase	e tobacco cessation amoung S	tate Health Plan Members.		
31 Comments		The Tobacco Prevention and Control Branch is in negotiations with the North Carolina	ontrol Branch is in negotiations		State Health Plan. The scope of work and budget have not been finalized and are subject to change	budget have not been finaliz	ed and are subject to change.
Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions	ssage that proper a	igency sign-offs have been obtain	ned. Contact your OSBM budge	et analyst if you have questions	97		
		NC DHHS Required Signatures	ed Signatures				
Signatures at Division/Office level:						Date of Signature:	
Grant Coordinator:							
Budget Officer:							
CHECCO.	***************************************		The second secon				

3-10 SFY 2010-11 ed Proposed		\$107,037.00	\$0.00 \$107,037.00 \$35,679.00		\$0.00	29 Amount of grants funds awarded in each year
	\$2	\$104,167.00			\$0.00	28 Amount of grants funds applied for in each year
					0.000	
		The state of the s				27 If yes, give the number by type for each year: Permanent
	Proposed	Proposed	Proposed	Authorized	Actual	
	SFY 2009-10	SFY 2008-09	SFY 2007-08	SFY 2007-08	SEX 2006-07	
			orized or Proposed ◀	►or 2007-08 Complete either Authorized or Proposed		
					Yes	26 Are new FTEs funded through the grant?
						25 If yes, is this a requirement of the grant?
			-			program if grant expires or is reduced?
					No	>
						23 If yes identify affected entities by type
						ments or non-state entities?
					Z	Will any of these funds be passed through to local govern-
						the state match requirement?
					No	21 Is an additional General Fund appropriation required to meet
						20 If yes, what is the MOE?
					No	Is there a maintenance of effort (MOE) requirement?
						:
						8 If yes, what is the source of state funds being used
						II yes, what is the matching requirements
					No.	thora a state matching requirement?
					1551	Find code (XXXX or M4)
				,	14430	Budget code the grant will be expended in (XXXXX)
				And the second s	Yes	3 Is this grant already in agency's continuation budget?
					Continuation/renewal	⊳
					08/1/09	1 End date of grant (MM/DD/YY)
					09/01/08	
					04/21/08	9 Grant application deadline (MM/DD/YY)
			IVES COULINGATION GLAIR	Cooperative Agreement to support State Assessment initiatives Continuation Grant.	NGA revised 606A	8 Grant title
			Continuation Cont	mont State Assessment Initet	93.283	
					CDC	
					debi.nelson@ncmail.net	E-mail
					919-707-5155	,
					Debi Nelson	•
					Division of Public Health	
				,		2 Division (except in DHHS)
				an Services	Department of Health and Human Services	Department

o Footiminality	applied for.	יסומפו וס כמווממכו ווופ	grant process For zono-bs, we received \$17,715 more that	Φ
Return completed form as email attachment and indicate in message that proper a	Neturn completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions			
	NC DHHS Required Signatures			
Signatures at Division/Office level:			Date of Signature:	
Grant Coordinator:				
suget Officer:				
lirector				
			The second secon	ľ